

**PETITION TO THE
BOARD OF ASSESSMENT APPEALS
TOWN OF BROOKFIELD, CONNECTICUT**
**ALL SECTIONS MUST BE COMPLETED IN FULL AND RECEIVED BY
FEBRUARY 20, 2015 IN ORDER TO SCHEDULE A HEARING**

MUST BE FILED BY FEBRUARY 20TH

By authority of Public Act 95-283, of the State of Connecticut
Please print or type the following information about each property appealed

GRAND LIST OF **OCTOBER 1, 2014**

Name: _____ Phone Number: _____
(**Must include** - *Only* used if rescheduling required)

Mailing Address: _____

Property Owners Name: _____

Property Address: _____

Reason for Appeal: _____

Attach documentation to substantiate your claim. Appellant must provide a copy of the field card on subject property AND on 3 comparable properties. Also include a copy of current assessment and any other pertinent information i.e. bank appraisals, etc. Field cards can be obtained from the Assessor's office.

Property Description: _____
(Residential, commercial, industrial, personal property, motor vehicles)

Estimate of Fair Market Value as of Oct 1, 2011: _____
(REQUIRED)

Brookfield's most recent revaluation was effective October 1, 2011. Supporting documentation must substantiate the property value as of the October 1, 2011 date.

Signature of property owner or duly authorized agent Date

If you need to send an agent to the hearing, the following MUST be completed and available to the board members at the meeting.

To Whom It May Concern:

I _____ being the legal owner of property located
at: _____ hereby
authorize _____ (PLEASE PRINT) to act as my agent in all
matters before the Board of Assessment Appeals of the Town of Brookfield For the assessment year
commencing October 1, 2014.

Signed _____ Date: _____

PLEASE CONTINUE TO BACK OF PAGE

MUST BE COMPLETED IN ORDER TO SCHEDULE A HEARING

BROOKFIELD BOARD OF ASSESSMENT APPEALS

Property Owner's Name: _____

Property Address: _____

This form must be completed and received by February 20, 2015

**Completed forms must be returned to:
Board of Assessment Appeals
Town of Brookfield
P. O. Box 5106
Brookfield, Conn. 06804**

Your hearing with the Board of Assessment of Appeals will take place at the Brookfield Town Hall on _____ at _____

Please bring a copy of your current Assessment and any information available to prove your claim. For example: **Bank appraisals, supporting documentation on 3 closely comparable properties (including field cards), etc.**

For use by Board of Assessment Appeals Only

Date: _____

Your petition for appeal with the Brookfield Board of Assessment Appeals has been

DENIED

GRANTED

DENIED/NO SHOW

	<u>Old Assessment</u>	<u>New Assessment</u>
Land	_____	_____
Building	_____	_____
Personal Property	_____	_____
Motor Vehicle	_____	_____
Penalty	_____	_____
TOTAL:	_____	_____

James Thomas

John L Hooker

Kevin McCaffrey

Appeals from the action of the Board of Assessment Appeals are to be filed with the Danbury Superior Court within two (2) months of this Board's Action.